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Zero Suicide as a Statewide Initiative: The Oregon Approach

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Zero Suicide as a Statewide Initiative: The Oregon Approach

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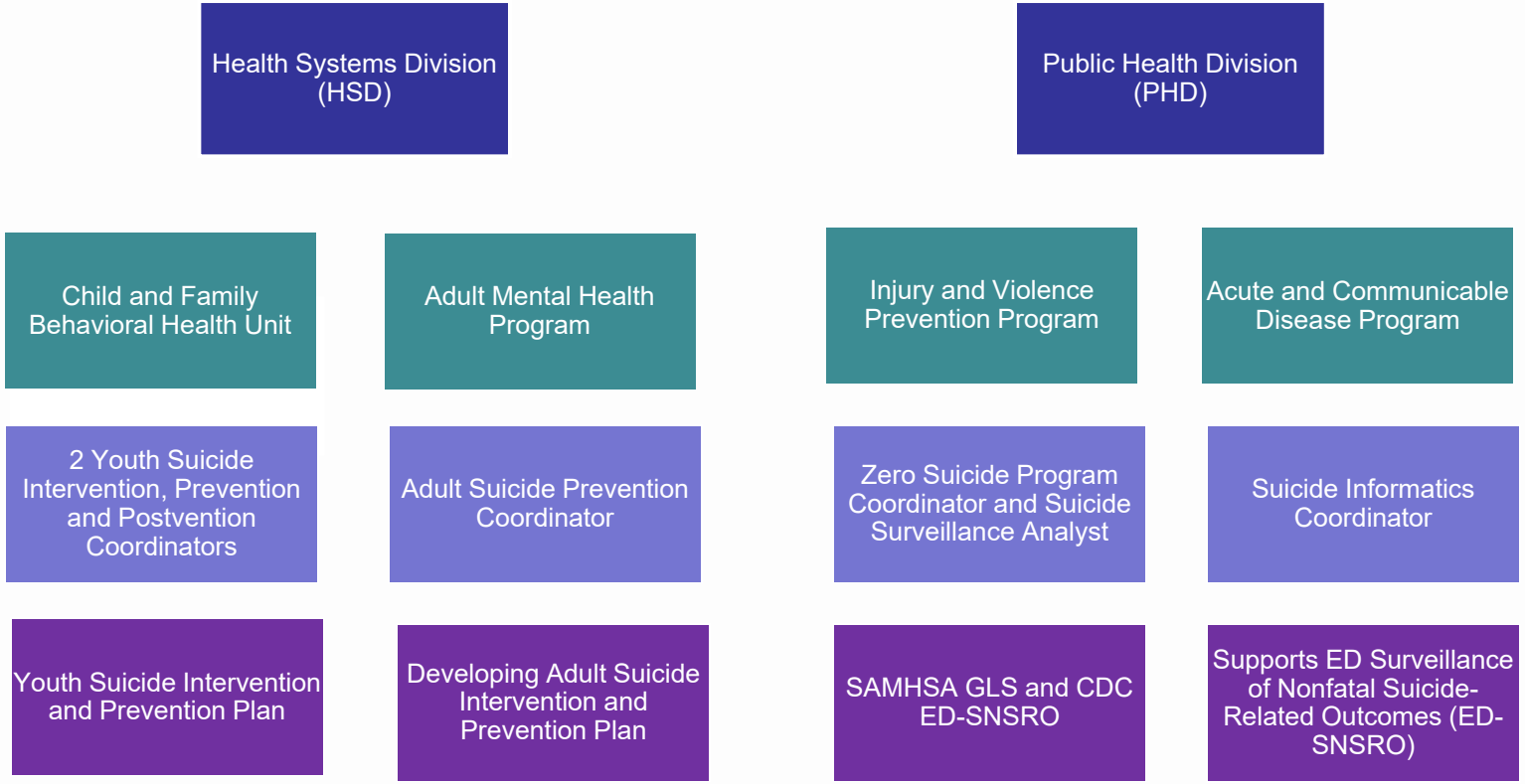
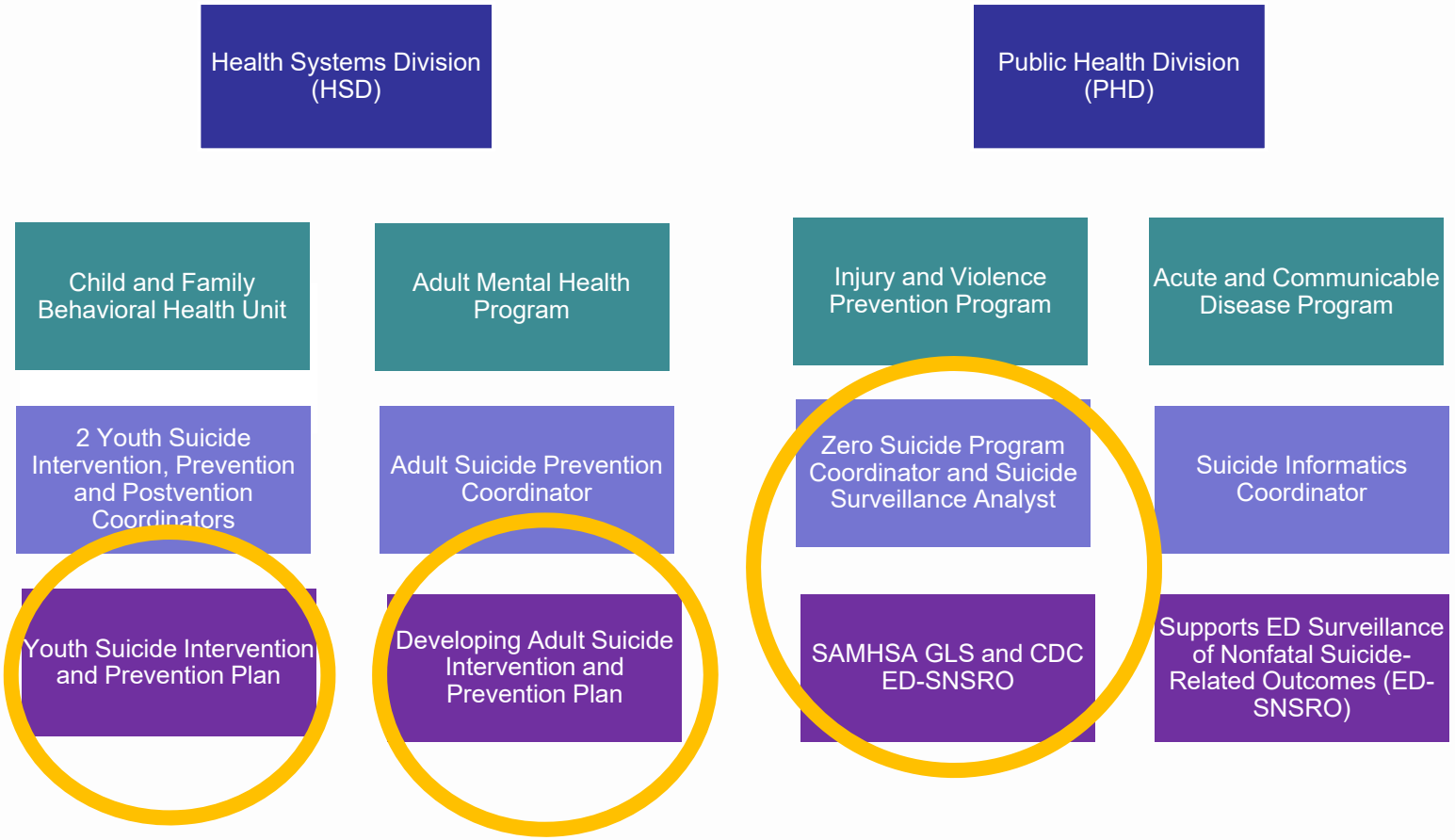
April 23, 2020

INJURY AND VIOLENCE PREVENTION PROGRAM
Public Health Division

Oregon Health Authority



Oregon Health Authority



Zero Suicide in Oregon

- Started state level Zero Suicide work in 2015 through state SAMHSA Garrett Lee Smith Youth Suicide Prevention (GLS) funding

2015: Objective written into GLS grant for 1 GLS county grantee to start ZS work. Able to engage MH agency and invited to join and facilitate ZS implementation team meetings. State staff attend ZS learning opportunities.

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2016 Oregon Suicide Prevention Conference: David Covington provides plenary on ZS and meets with healthcare leaders.

2018 Oregon Suicide Prevention Conference: Becky Stoll (Centerstone) and Jan Ulrich (EDC) provides plenary and breakout sessions on ZS. Meets with healthcare leaders to introduce Zero Suicide Academy and what to expect.

Zero Suicide in Oregon

Aug. and Sept. 2018: Pre-ZS Academy calls with all teams with ZS Faculty member (Ursula Whiteside)

Sept. 2018: Hosted Zero Suicide Academy

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Sept. 2018: Zero Suicide Academy.

Nov. 2018 – Sept. 2019: Facilitated Community of Practice for Better Suicide Care with 9 organizations that attend ZS Academy

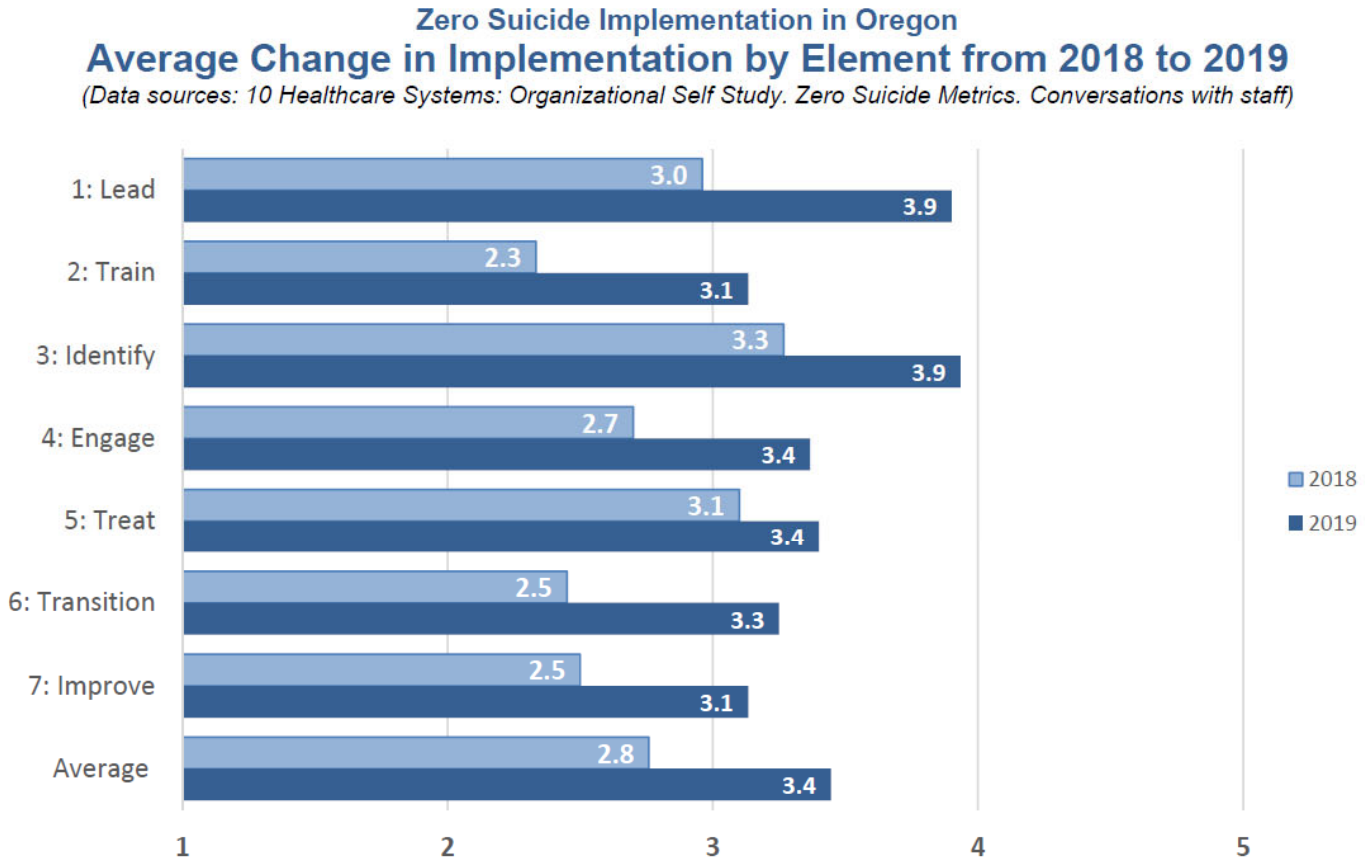
June – Sept. 2019: Provided mini-grants to selected ZS Academy organizations to further ZS efforts

Zero Suicide in Oregon

- 2019-2024: Oregon awarded new GLS funds allowing for continuation and expansion of state Zero Suicide program
  - Facilitate another Oregon ZS Academy
  - Determine “Zero Suicide Academy 2.0” structure and learning objectives
  - Provide TA and learning through state Suicide Prevention Conferences and other platforms (i.e., Community of Practice, quarterly webinars, etc.)
  - Include ZS goals and objectives in the revision to the OHA Youth Suicide Intervention and Prevention Plan and emerging adult suicide prevention efforts
  - Support implementation of evidence-based and best practice suicide assessment, management and treatment training in Oregon healthcare organizations implementing ZS

Evaluation of Oregon Zero Suicide Efforts

- Modified Zero Suicide Organizational Self-Study to monitor and provide results statewide as well as for each individual healthcare system to show change over time related to Zero Suicide implementation.



Scale: 1=Routine care or care as usual. 3=Several steps towards improvement made. 5=Comprehensive practices in place.

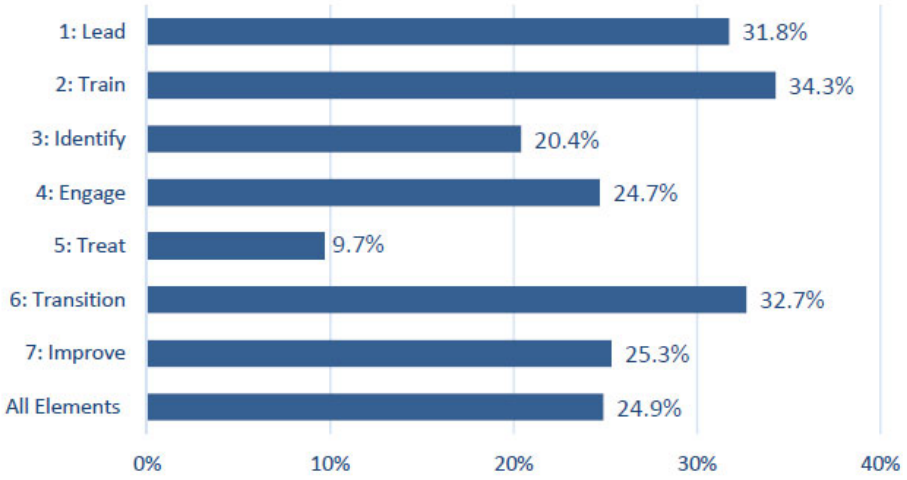
Note: Change in self-reported score at follow-up may be due in part to the addition of a related metric from the data elements worksheet rather to a change in practice.

Evaluation of Oregon Zero Suicide Efforts

Zero Suicide Implementation in Oregon
Rate of Change from 2018 to 2019
(Sorted in descending order by rate of change)

Element	2018	2019	Rate of Change
2: Train	2.3	3.1	34.3%
6: Transition	2.5	3.3	32.7%
1: Lead	3.0	3.9	31.8%
7: Improve	2.5	3.1	25.3%
4: Engage	2.7	3.4	24.7%
3: Identify	3.3	3.9	20.4%
5: Treat	3.1	3.4	9.7%
Average	**2.8**	**3.4**	**24.9%**

Average Change in Zero Suicide Implementation across 10 Health Systems from 2018 to 2019



Zero Suicide as a Statewide Initiative: The Oregon Approach

The Oregon Zero Suicide Implementation Assessment Instrument *(1.0)*

Presented at the 20th Annual Conference of the American Association of Suicidology (AAS20), ~~Portland, Oregon~~ *Virtual*
PSU Regional Research Institute for Human Services
April 23, 2020

Portland State UNIVERSITY

The Challenge:

We needed a way to:

⇨ Provide a quick snapshot of where a health system was in the ZS implementation process

⇨ Assess progress and document change over time

The tool needed:

1. Validity (an accurate measure of ZS implementation)
   Requires direct linkages to ZS elements and language
2. Interrater reliability (consistent scores across raters)
   Requires objective indicators for each score, including metrics
3. Comparable scores across elements and indicators
   Requires definition of what is required to achieve a rating of 1-5.

What we did:

- ⇨ Modeled instrument after existing tools for deriving fidelity scores for EBPs/other guidance:
  1. Assertive Community Treatment: https://www.centerforebp.case.edu/client-files/pdf/act-dacts.pdf
  2. OHA Six Building Blocks of Pain Management and Safe Opioid Therapy in Primary Care (6BB) https://www.oregonpainguidance.org/wp-content/uploads/2018/05/Six-Building-Blocks-Fidelity-Instrument_current-as-of-5-14-2018.pdf
- ⇨ Linked language to existing ZS Resources: *https://zerosuicide.edc.org*
  1. Organizational Self-Study (Basic flow and construct)
  2. Data Elements Worksheet (Documentation & interrater reliability)
  3. Work Plan Template (One page rating sheet helps decide next steps)

Element 1: Lead

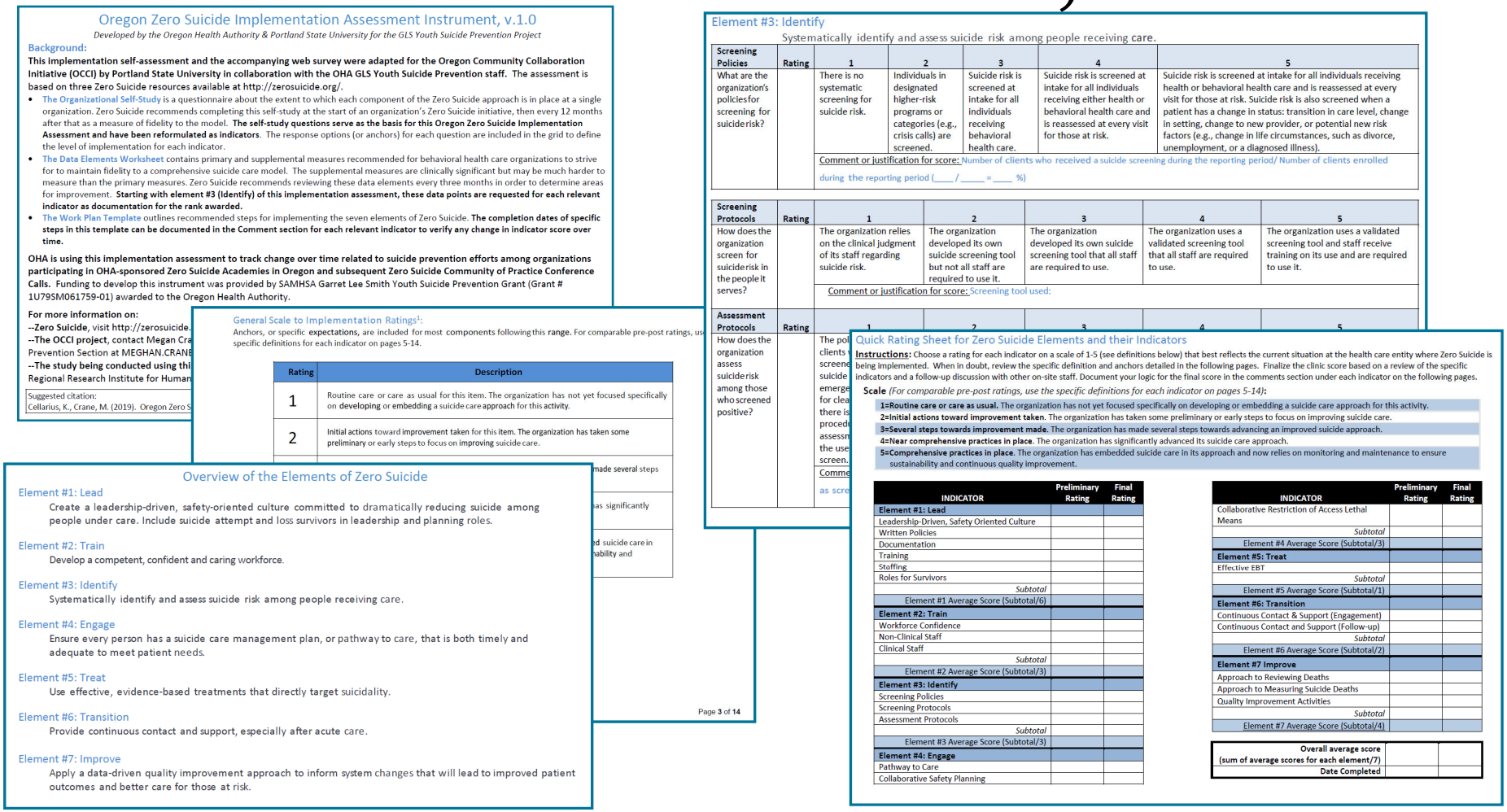
EDC Organizational Self-Study

	Do you have a written agency protocol specific to this component of suicide care? (yes/no)	Is this component embedded in your electronic health record or easily identifiable in your written documen (yes/no)	Do you provide staff training specific to this component of
2. Screening			
3. Assessment			
4. Lethal means restriction			
5. Safety planning			
6. Suicide care management plan			

➔**Oregon Assessment**

Documentation	Rating	1	2	3	4	5
Are specific components of suicide care embedded in organization's electronic health record or easily identifiable in your written documentation (if no EHR is available), including (1) screening, (2) assessment, (3) lethal means restriction, (4) safety planning, and (5) suicide care management plans?		No suicide care components are embedded in organization's electronic health record or written documentation.	The organization has discussed embedding suicide care components into the EHR, but they are not currently active data fields.	At least 2 of the 5 named components of suicide care are embedded into the EHR or written documentation.	At least 4 of the 5 named components of suicide care are embedded into the EHR or written documentation, but they are required or routinely documented by staff.	All of the 5 named components of suicide care are embedded into the EHR or written documentation, and they are required or routinely documented by staff.
		Comment or justification for score:				
Training	**Rating**	**1**	**2**	**3**	**4**	**5**
Is training provided on specific components of suicide care, including (1) screening, (2) assessment, (3) lethal means restriction, (4) safety planning, and (5) suicide care management plans?		No training has been developed or provided on specific components of suicide care.	The organization is developing or choosing an existing training curricula on suicide care, and is in the process of scheduling training dates.	The organization has conducted at least one training on at least 2 of the 5 named components of suicide care.	The organization has conducted at least one training on at least 4 of the 5 named components of suicide care, and at least 50% of administrative and direct service staff have been trained.	The organization has conducted multiple trainings on all five of the named suicide care components, and 100% of current administrative and direct service staff have been trained.
		Comment or justification for score:				
Staffing	**Rating**	**1**	**2**	**3**	**4**	**5**
What type of formal commitment has leadership made through staffing to reduce suicide and provide safer suicide care?		The organization does not have dedicated staff to build and manage suicide care processes.	The organization has one leadership or supervisory individual who is responsible for developing suicide-related processes and care expectations. Responsibilities are diffuse. Individual does not have the authority to change policies.	The organization has assembled an implementation team that meets on an as-needed basis to discuss suicide care. The team has authority to identify and recommend changes to suicide care practices.	The organization has a formal Zero Suicide implementation team that meets regularly. The team is responsible for developing guidelines and sharing with staff.	The Zero Suicide implementation team meets regularly and is multidisciplinary. Staff members serve on the team for terms of one to two years. The team modifies processes based on data review and staff input.

Oregon ZS Implementation Assessment Instrument, v.1.0



Oregon Zero Suicide Implementation Assessment Instrument, v.1.0

Developed by the Oregon Health Authority & Portland State University for the GLS Youth Suicide Prevention Project

Background:

This implementation self-assessment and the accompanying web survey were adapted for the Oregon Community Collaboration Initiative (OCCI) by Portland State University in collaboration with the OHA GLS Youth Suicide Prevention staff. The assessment is based on three Zero Suicide resources available at http://zerosuicide.org/.

- The Organizational Self-Study is a questionnaire about the extent to which each component of the Zero Suicide approach is in place at a single organization. Zero Suicide recommends completing this self-study at the start of an organization's Zero Suicide initiative, then every 12 months after that as a measure of fidelity to the model. **The self-study questions serve as the basis for this Oregon Zero Suicide Implementation Assessment and have been reformulated as indicators**. The response options (or anchors) for each question are included in the grid to define the level of implementation for each indicator.
- The Data Elements Worksheet contains primary and supplemental measures recommended for behavioral health care organizations to strive for to maintain fidelity to a comprehensive suicide care model. The supplemental measures are clinically significant but may be much harder to measure than the primary measures. Zero Suicide recommends reviewing these data elements every three months in order to determine areas for improvement. **Starting with element #3 (Identify) of this implementation assessment, these data points are requested for each relevant indicator as documentation for the rank awarded.**
- The Work Plan Template outlines recommended steps for implementing the seven elements of Zero Suicide. **The completion dates of specific steps in this template can be documented in the Comment section for each relevant indicator to verify any change in indicator score over time.**

OHA is using this implementation assessment to track change over time related to suicide prevention efforts among organizations participating in OHA-sponsored Zero Suicide Academies in Oregon and subsequent Zero Suicide Community of Practice Conference Calls. Funding to develop this instrument was provided by SAMHSA Garret Lee Smith Youth Suicide Prevention Grant (Grant # 1U79SM061759-01) awarded to the Oregon Health Authority.

For more information on:
--Zero Suicide, visit http://zerosuicide.
--The OCCI project, contact Megan Cra
Prevention Section at MEGHAN.CRANE
--The study being conducted using thi
Regional Research Institute for Human

Suggested citation:
Cellarius, K., Crane, M. (2019). Oregon Zero S

General Scale to Implementation Ratings[1]:

Anchors, or specific **expectations**, are included for most components following this **range.** For comparable pre-post ratings, us
specific definitions for each indicator on pages 5-14.

Rating	Description
1	Routine care or care as usual for this item. The organization has not yet focused specifically on developing or embedding a suicide care approach for this activity.
2	Initial actions toward improvement taken for this item. The organization has taken some preliminary or early steps to focus on improving suicide care.

Overview of the Elements of Zero Suicide

Element #1: Lead
Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.

Element #2: Train
Develop a competent, confident and caring workforce.

Element #3: Identify
Systematically identify and assess suicide risk among people receiving care.

Element #4: Engage
Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet patient needs.

Element #5: Treat
Use effective, evidence-based treatments that directly target suicidality.

Element #6: Transition
Provide continuous contact and support, especially after acute care.

Element #7: Improve
Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Page 3 of 14

Element #3: Identify

Systematically identify and assess suicide risk among people receiving care.

Screening Policies	Rating	1	2	3	4	5
What are the organization's policies for screening for suicide risk?		There is no systematic screening for suicide risk.	Individuals in designated higher-risk programs or categories (e.g., crisis calls) are screened.	Suicide risk is screened at intake for all individuals receiving behavioral health care.	Suicide risk is screened at intake for all individuals receiving either health or behavioral health care and is reassessed at every visit for those at risk.	Suicide risk is screened at intake for all individuals receiving health or behavioral health care and is reassessed at every visit for those at risk. Suicide risk is also screened when a patient has a change in status: transition in care level, change in setting, change to new provider, or potential new risk factors (e.g., change in life circumstances, such as divorce, unemployment, or a diagnosed illness).
		Comment or justification for score: Number of clients who received a suicide screening during the reporting period/ Number of clients enrolled during the reporting period (____ / _____ = ____ %)				

Screening Protocols	Rating	1	2	3	4	5
How does the organization screen for suicide risk in the people it serves?		The organization relies on the clinical judgment of its staff regarding suicide risk.	The organization developed its own suicide screening tool but not all staff are required to use it.	The organization developed its own suicide screening tool that all staff are required to use.	The organization uses a validated screening tool that all staff are required to use.	The organization uses a validated screening tool and staff receive training on its use and are required to use it.
		Comment or justification for score: Screening tool used:				

Assessment Protocols	Rating	1	2	3	4	5
How does the organization assess suicide risk among those who screened positive?		The pol clients screene suicide emerge for clea there is proced assessn the use screen.				
		Comme as scre				

Quick Rating Sheet for Zero Suicide Elements and their Indicators

Instructions: Choose a rating for each indicator on a scale of 1-5 (see definitions below) that best reflects the current situation at the health care entity where Zero Suicide is being implemented. When in doubt, review the specific definition and anchors detailed in the following pages. Finalize the clinic score based on a review of the specific indicators and a follow-up discussion with other on-site staff. Document your logic for the final score in the comments section under each indicator on the following pages.

Scale *(For comparable pre-post ratings, use the specific definitions for each indicator on pages 5-14)*:

1=Routine care or care as usual. The organization has not yet focused specifically on developing or embedding a suicide care approach for this activity.
2=Initial actions toward improvement taken. The organization has taken some preliminary or early steps to focus on improving suicide care.
3=Several steps towards improvement made. The organization has made several steps towards advancing an improved suicide approach.
4=Near comprehensive practices in place. The organization has significantly advanced its suicide care approach.
5=Comprehensive practices in place. The organization has embedded suicide care in its approach and now relies on monitoring and maintenance to ensure sustainability and continuous quality improvement.

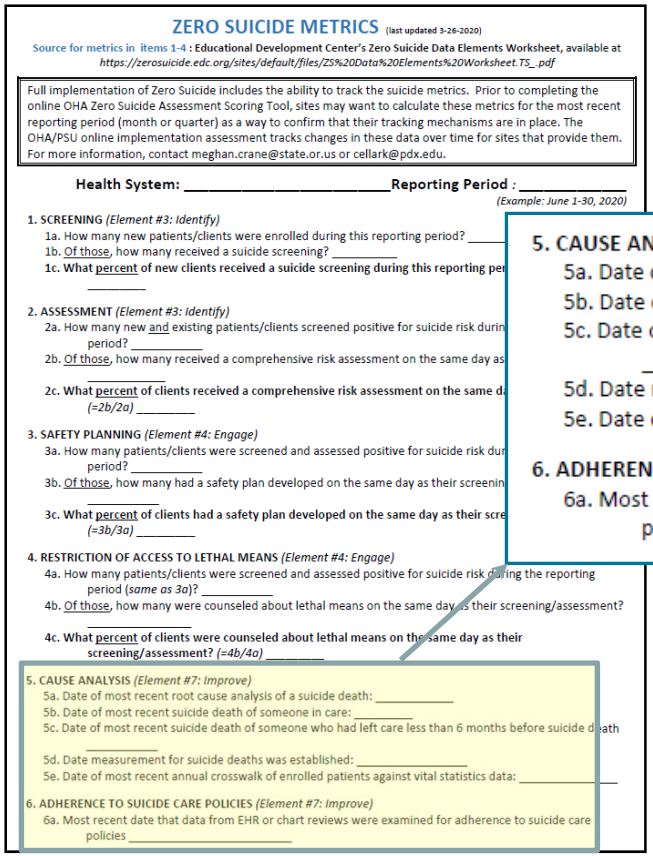
INDICATOR	Preliminary Rating	Final Rating
Element #1: Lead		
Leadership-Driven, Safety Oriented Culture		
Written Policies		
Documentation		
Training		
Staffing		
Roles for Survivors		
Subtotal		
Element #1 Average Score (Subtotal/6)		
Element #2: Train		
Workforce Confidence		
Non-Clinical Staff		
Clinical Staff		
Subtotal		
Element #2 Average Score (Subtotal/3)		
Element #3: Identify		
Screening Policies		
Screening Protocols		
Assessment Protocols		
Subtotal		
Element #3 Average Score (Subtotal/3)		
Element #4: Engage		
Pathway to Care		
Collaborative Safety Planning		

INDICATOR	Preliminary Rating	Final Rating
Collaborative Restriction of Access Lethal Means		
Subtotal		
Element #4 Average Score (Subtotal/3)		
Element #5: Treat		
Effective EBT		
Subtotal		
Element #5 Average Score (Subtotal/1)		
Element #6: Transition		
Continuous Contact & Support (Engagement)		
Continuous Contact and Support (Follow-up)		
Subtotal		
Element #6 Average Score (Subtotal/2)		
Element #7 Improve		
Approach to Reviewing Deaths		
Approach to Measuring Suicide Deaths		
Quality Improvement Activities		
Subtotal		
Element #7 Average Score (Subtotal/4)		

Overall average score (sum of average scores for each element/7)		
Date Completed		

Oregon ZS Implementation Assessment – Metrics Worksheet

Source for metrics in items 1-4 : Educational Development Center's ZS Data Elements Worksheet



ZERO SUICIDE METRICS (last updated 3-26-2020)

Source for metrics in items 1-4 : **Educational Development Center's Zero Suicide Data Elements Worksheet**, available at *https://zerosuicide.edc.org/sites/default/files/ZS%20Data%20Elements%20Worksheet.TS_.pdf*

Full implementation of Zero Suicide includes the ability to track the suicide metrics. Prior to completing the online OHA Zero Suicide Assessment Scoring Tool, sites may want to calculate these metrics for the most recent reporting period (month or quarter) as a way to confirm that their tracking mechanisms are in place. The OHA/PSU online implementation assessment tracks changes in these data over time for sites that provide them. For more information, contact meghan.crane@state.or.us or cellark@pdx.edu.

Health System: _____ **Reporting Period** : _____
(Example: June 1-30, 2020)

1. SCREENING *(Element #3: Identify)*
1a. How many new patients/clients were enrolled during this reporting period? _____
1b. Of those, how many received a suicide screening? _____
1c. What percent of new clients received a suicide screening during this reporting per
_____

2. ASSESSMENT *(Element #3: Identify)*
2a. How many new and existing patients/clients screened positive for suicide risk durin
period? _____
2b. Of those, how many received a comprehensive risk assessment on the same day as
_____
2c. What percent of clients received a comprehensive risk assessment on the same d
(=2b/2a) _____

3. SAFETY PLANNING *(Element #4: Engage)*
3a. How many patients/clients were screened and assessed positive for suicide risk dur
period? _____
3b. Of those, how many had a safety plan developed on the same day as their screenin
_____
3c. What percent of clients had a safety plan developed on the same day as their scre
(=3b/3a) _____

4. RESTRICTION OF ACCESS TO LETHAL MEANS *(Element #4: Engage)*
4a. How many patients/clients were screened and assessed positive for suicide risk during the reporting period (*same as 3a*)? _____
4b. Of those, how many were counseled about lethal means on the same day as their screening/assessment?
_____
4c. What percent of clients were counseled about lethal means on the same day as their screening/assessment? *(=4b/4a)* _____

5. CAUSE ANALYSIS *(Element #7: Improve)*
5a. Date of most recent root cause analysis of a suicide death: _____
5b. Date of most recent suicide death of someone in care: _____
5c. Date of most recent suicide death of someone who had left care less than 6 months before suicide death
_____
5d. Date measurement for suicide deaths was established: _____
5e. Date of most recent annual crosswalk of enrolled patients against vital statistics data: _____

6. ADHERENCE TO SUICIDE CARE POLICIES *(Element #7: Improve)*
6a. Most recent date that data from EHR or chart reviews were examined for adherence to suicide care policies _____

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5d. Date measurement for suicide deaths was established: _____
5e. Date of most recent annual crosswalk of enrolled patients against vital statistics data: _____

6. ADHERENCE TO SUICIDE CARE POLICIES *(Element #7: Improve)*
6a. Most recent date that data from EHR or chart reviews were examined for adherence to suicide care policies _____

The Assessment Process

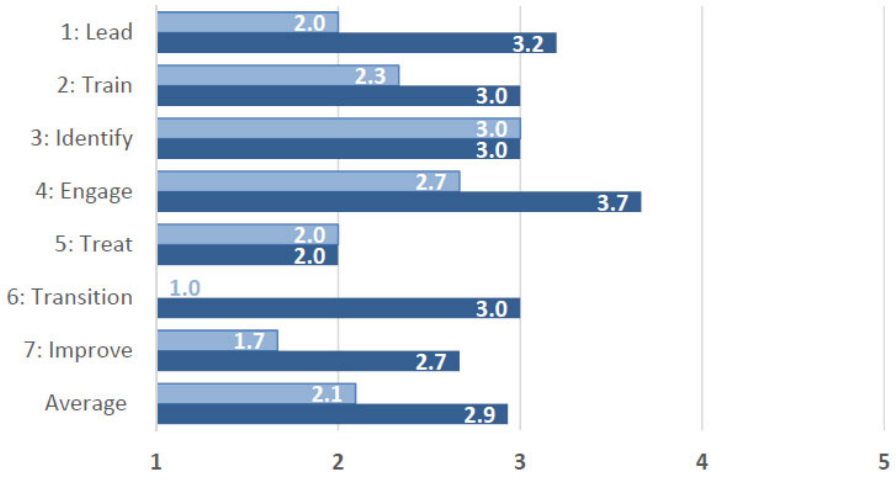
1. Health Systems identify 4-person ZS implementation team
2. ZS Teams:
   - Receives link to PSU web survey, assessment tool & metrics list
   - Gathers metrics & info from other staff to derive scores
   - Completes web survey (one survey per health system)
3. OHA and PSU review individual health system results with their ZS Team. Consensus on final scores is reached.
4. ZS teams:
   - Attend ZS Academy and develops 6 month work plan
   - Participate in monthly Community of Practice conference calls
5. OHA provides CoP & ongoing consultation
6. *Repeat steps 2 & 3 every 6 months*
7. PSU
   - Shares individual progress reports with each health system
   - Compiles de-identified cross-site progress report to share with health systems and funders

Teams can use reports to ask for more support in specific areas.

Follow-up Reports show Zero Suicide Progress at-a-glance

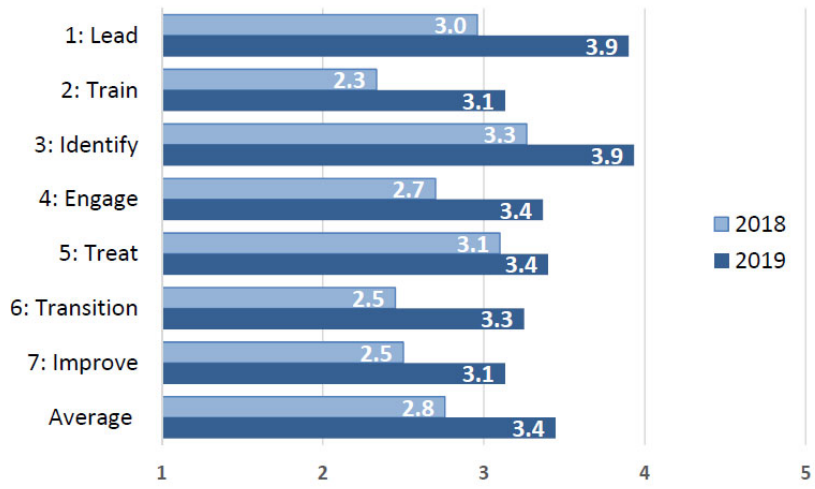
Individual Health System

n=1



Statewide Average

n=10



Report Rating Sheet lets systems identify & prioritize focus areas at a glance:

Which elements and indicators are high? Which ones are low?

Scale:

1=Routine care or care as usual. The organization has not yet focused specifically on developing or embedding a suicide care approach for this activity.

2=Initial actions toward improvement taken. The organization has taken some preliminary or early steps to focus on improving suicide care.

3=Several steps towards improvement made. The organization has made several steps towards advancing an improved suicide approach.

4=Near comprehensive practices in place. The organization has significantly advanced its suicide care approach.

5=Comprehensive practices in place. The organization has embedded suicide care in its approach and now relies on monitoring and maintenance to ensure sustainability and continuous quality improvement.

INDICATOR	Baseline Rating
Element #1: Lead Mean→	**1.5**
Comprehensive Processes for Suicide Prevention & Care	2
Staff Awareness of Written Protocols	1
Documentation of Suicide Care Components	1
Availability of Trainings	1
Dedicated Staff Time for Zero Suicide	3
Survivor Involvement in Planning and Processes	1
Element #2: Train Mean→	**1.0**
Assessment of Workforce Confidence	1
Trainings for Non-Clinical Staff	1
Trainings for Clinical Staff	1
Element #3: Identify Mean→	**1.3**
Screening for Suicide Risk	2
Screening Tools Used	1
Suicide Risk Assessment	1

INDICATOR	Baseline Rating
Element #4: Engage Mean→	**1.7**
Care for Patients At Risk for Suicide	1
Collaborative Safety Planning	2
Collaborative Means Restriction	2
Element #5: Treat Mean→	**3.0**
Treatment Approach	3
Element #6: Transition Mean→	**3.5**
Engaging Hard to Reach Patients	3
Follow-up after Discharge	4
Element #7 Improve Mean→	**2.0**
Analysis of Suicide Deaths	2
Tracking Suicide Deaths	1
Continuous Quality Improvement (CQI)	3

Why did these indicators get 1's?

Report detail and comments provide insight into indicator scores for planning:

Documentation of Suicide Care Components	Rating	1	2	3	4	5
Are specific components of suicide care embedded in organization's electronic health record or easily identifiable in your written documentation (if no EHR is available), including (1) screening, (2) assessment, (3) lethal means restriction, (4) safety planning, and (5) suicide care management plans?	1	No suicide care components are embedded in organization's electronic health record or written documentation.	The organization has discussed embedding suicide care components into the EHR, but they are not currently active data fields.	At least 2 of the 5 named components of suicide care are embedded into the EHR or written documentation.	At least 4 of the 5 named components of suicide care are embedded into the EHR or written documentation, but they are required or routinely documented by staff..	All of the 5 named components of suicide care are embedded into the EHR or written documentation, and they are required or routinely documented by staff.
		Comment or justification for score: Reduced to a 1 from self-study score of 2 based on comment: *This component is not embedded in our health record.*				
Availability of Trainings	**Rating**	**1**	**2**	**3**	**4**	**5**
Is training provided on specific components of suicide care, including (1) screening, (2) assessment, (3) lethal means restriction, (4) safety planning, and (5) suicide care management plans?	1	No training has been developed or provided on specific components of suicide care.	The organization is developing or choosing an existing training curricula on suicide care, and is in the process of scheduling training dates.	The organization has conducted at least one training on at least 2 of the 5 named components of suicide care.	The organization has conducted at least one training on at least 4 of the 5 named components of suicide care, and at least 50% of administrative and direct service staff have been trained.	The organization has conducted multiple trainings on all five of the named suicide care components, and 100% of current administrative and direct service staff have been trained.
		Comment or justification for score: *We do not provide staff training specific to this component of suicide care.*				

Oh, that's why!

Follow-up Report: Pre-post scores show areas of greatest change and identify elements needing further attention

Rate of Change from 2018 to 2019

(Sorted in descending order by rate of change)

Element	Baseline (2018)	Follow-up (2019)	Rate of Change
6: Transition	1.0	3.0	⇧200.0%
7: Improve	1.7	2.7	⇧60.0%
1: Lead	2.0	3.2	⇧60.0%
4: Engage	2.7	3.7	⇧37.5%
2: Train	2.3	3.0	⇧28.6%
3: Identify	3.0	3.0	*no change*
5: Treat	2.0	2.0	*no change*
Overall Average Score	**2.1**	**2.9**	**⇧40.0%**

Great progress!

What happened here?

Follow-up assessment report shows pre-post scores for each indicator:

(Good for celebrating successes and prioritizing next steps)

INDICATOR	Baseline	Follow-up
Element #1: Lead Mean→	**2.0**	**3.2**
Comprehensive Processes for Suicide Prevention & Care	2*	3*
Staff Awareness of Written Protocols	2	2
Documentation of Suicide Care Components	3	3
Availability of Trainings	3	3
Dedicated Staff Time for Zero Suicide	1	4
Survivor Involvement in Planning and Processes	1	4
Element #2: Train Mean→	**2.3**	**3.0**
Assessment of Workforce Confidence	1	1
Trainings for Non-Clinical Staff	3	4
Trainings for Clinical Staff	3	4
Element #3: Identify Mean→	**3.0**	**3.0**
Screening for Suicide Risk	3	3**
Screening Tools Used	3	3
Suicide Risk Assessment	3	3**

INDICATOR	Baseline	Follow-up
Element #4: Engage Mean→	**2.7**	**3.7**
Care for Patients At Risk for Suicide	3	3
Collaborative Safety Planning	3	4**
Collaborative Means Restriction	2	4**
Element #5: Treat Mean→	**2.0**	**2.0**
Treatment Approach	2	2**
Element #6: Transition Mean→	**1.0**	**3.0**
Engaging Hard to Reach Patients	1	3
Follow-up after Discharge	1	3
Element #7 Improve Mean→	**1.7**	**2.7**
Analysis of Suicide Deaths	2	4**
Tracking Suicide Deaths	1	1**
Continuous Quality Improvement (CQI)	2	3**

So that's what you improved!

This title doesn't tell me much. I need more detail.

Comprehensive follow-up report detail and comments = No need to refer to previous documents

Element #5: Treat

Use effective, evidence-based treatments that directly target suicidality.

Treatment Approach	Rating	1	2	3	4	5
What is the organization's approach to treatment of suicidal thoughts and behaviors?	2	Clinicians rely on experience and best judgment in risk management and treatment for all mental health disorders. The organization does not use a formal model of treatment for those at risk for suicide.	The organization may use evidence-based treatments for some psychological disorders, but it does not use evidence-based treatments that specifically target suicide.	Some clinical staff have received specific training in treating suicidal thoughts and behaviors and may use this in their practices.	Individuals with suicide risk receive empirically-supported treatment specifically for suicide (CAMS, CBT-SP or DBT) in addition to evidence-based treatments for other mental health issues. The organization regularly provides all staff with access to competency-based training in empirically supported treatments targeting suicidal thoughts.	The organization has invested in evidence-based treatments for suicide care (CAMS, CBT-SP or DBT), with designated staff receiving training in these models. The organization has a model for sustaining staff training. The organization offers additional treatment modalities for those chronically or continuously screening at high risk for suicide, such as DBT groups or attempt survivor groups.
Comment or justification for score: **No change in score. Metric: Percent of clinical staff trained in a specific suicide treatment model is not tracked. No formal clinician training in a specific suicide treatment model was identified in the follow-up survey.**						

It is not known which clinicians or how many are trained in evidence-based treatments and no clinician EBP trainings are planned.

Question: *What should I do?*

Answer: Strive to meet the definition of a level 5 rating. How do you get there? Start with level 4.

Next Steps

(Oregon Zero Suicide 2.0 & beyond…)

Planned:

1. Zero Suicide Academy planned for 2021 with 16 new health systems
2. Implementation assessment offered to all participating health systems
3. CoP for Better Suicide Care for Academy graduates
4. Follow-up assessments & reports

Proposed:

- Statewide ZS Infrastructure supports
- Statewide ZS web survey of health systems across state (distributed by OR hospital association and Association of OR Community Mental Health Programs)

How to Address Firearm Safety with the Rural Suicidal Patient

Objectives

- Increase understanding of rural firearm culture and implications for limiting access to lethal means;
- Increase practitioner communication skills when interacting with patients at risk of suicide, family members and other care givers around firearm safety and safety planning

Research

- Qualitative – to identify messaging strategies and messages
  - focus groups
  - key informant interviews
  - n=41

- Quantitative – to test messages
  - On line survey with respondents randomized to one of four groups
  - n=817

Findings

- Guns are pervasive
- Communication taboo
- Firearm safety primarily through education of the young/ safety courses
- Trust is critical
- Language matters (firearm safety vs limiting access)
- Culturally informed message + standard message most powerful in impacting willingness to discuss firearms

Creating Research-based Tools

- Firearm Safety Brochure for Patients
- Research Brief for Providers
- Firearm Safety Website for Providers
- Firearm Safety Webpage for Patients
- Training videos for providers on firearm safety with the rural suicidal patient
- One credit CME online course for primary care providers

http://oregonfirearmsafety.org/addressing-firearm-safety/

https://www.oregonsuicideprevention.org/zero-suicide/

References

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Resources

- Oregon Suicide Prevention website and Zero Suicide Toolkit: https://www.oregonsuicideprevention.org/zero-suicide/
- Training- Addressing Firearm Safety with Patients at Risk of Suicide: An online course for healthcare providers in rural areas (CME available)
  - Access information on the training: https://www.oregonsuicideprevention.org/zero-suicide/training/
  - As the course is intended for health professionals, email GeorgetteT@linesforlife.org for the password.
- People Who Love Guns Love You Brochure: http://oregonfirearmsafety.org/wp-content/uploads/42796_Suicide-Prevention-Brochure_PROOF.pdf
- Research Brief for Clinicians: Addressing Firearm Safety in Your Suicidal Patient: http://oregonfirearmsafety.org/addressing-firearm-safety/
- Brief videos (http://oregonfirearmsafety.org/videos/) demonstrating how clinicians can talk with patients who are rural firearm owners and may be at risk of suicide. Contact Susan Keys for password, susan@susankeysconsulting.com
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Thank you!

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